

**The Eastern Shawnee Tribe of Oklahoma  
Wellness Center  
Application for Membership**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Please check all that apply:

Eastern Shawnee Tribal member ☐

Eastern Shawnee household member ☐

Eastern Shawnee admin. employee ☐

Bordertown Casino employee ☐

Eastern Shawnee affiliated business: ☐ Please list: \_\_\_\_\_

Guest 62 & under \$20/mo. ☐

Guest over 62 \$15/mo. ☐

ANA Participant ☐

**Waiver of Responsibility/Liability for Personal Injury**

I, \_\_\_\_\_, do hereby waive the right to hold responsible the Eastern Shawnee Tribe of Oklahoma, or any of its entities, or any person or individual connected with the Wellness Center, or any of the entities of any injury which I might incur while on the premises of the Wellness Center or while utilizing any of the equipment therein. Any injury that I might incur while on said premises will be my sole responsibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent signature (if applicable)

\_\_\_\_\_  
Date

**\*Parent /guardian MUST sign if the participant is under 18 years of age and supply the following information**

Parent/guardian name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Eastern Shawnee Wellness Center Physical Activity Readiness Questionnaire

Physical activity should not pose a health problem or hazard for most people. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have a medical release before participating in physical activity.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| • Have you ever been told by your doctor that you have heart problems?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you occasionally have pain in your chest and/or heart?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever had a heart attack or cardiovascular disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have difficulty breathing?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you often feel faint or have spells of severe dizziness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has a physician told you that you have a bone/joint problem that could be aggravated by exercise?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any type of physical ailment that would prevent you from following an activity program? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had any surgery that hinders/might hinder you in exercising?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have diabetes or hypoglycemia?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to one or more questions:

You should consult with your physician before beginning a fitness program or increasing your physical activity.

If you answered NO to all questions:

You have reasonable assurance of your present suitability to participate in an exercise program.

Signature (parent if applicable): \_\_\_\_\_ Date: \_\_\_\_\_